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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *AS*  
 This application is a CIP of 09/168,303 10/07/1998 ABN  
 which is a CIP of 08/838,413 04/07/1997 PAT 6,075,119  
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\*\* FOREIGN APPLICATIONS \*\*\*\*\* *SA*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 07/21/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VA	SHEETS DRAWING 11	TOTAL CLAIMS 50	INDEPENDENT CLAIMS 13
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Verified and Acknowledged *[Signature]* Examiner's Signature Initials

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TITLE  
 PEPTIDES USEFUL FOR REDUCING SYMPTOMS OF TOXIC SHOCK SYNDROME AND SEPTIC SHOCK

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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